Medi-Cal Program Guide (MPG) Special Notice 08-10 Addendum A

January 12, 2009

Subject

COUNTY MEDICAL SERVICES (CMS) LAWSUIT RETRO#2 CASE PROCESSING

Effective Date

December 1, 2008

Reference

County of San Diego, Superior Court Case No. GIC841583 - Class Action Lawsuit regarding CMS denials occurring during the period January 24, 2004 through November 30, 2007 due to excess income.

Purpose

The purpose of this Special Notice (SN) is to provide instructions for processing claims that are received after December 1, 2008.

Background

On September 16, 2008, the County conducted a mass mailing of Claim Form Packets to approximately 10,000 potential class members. Claimants were initially given 60 days to submit their completed Lawsuit Claim Forms and all documents needed to complete the eligibility determination and reimbursement process. The deadline for receiving claim forms was originally set as November 15, 2008. At the direction of County Counsel, claimants have been granted a 15 day grace period for submitting their claims to the County. All claims must be received by the County by December 1, 2008.

Required Action

Claim forms that are received after December 1, 2008 will be denied for failing to meet the deadline for submitting claims using the attached CMS-39LDD/CMS-39LDD(SP). Claim forms that were returned as undeliverable and were consequently re-mailed and given extended due dates are not affected by this December 1, 2008 deadline.

Appeals Impact

Claimants that are denied due to receipt of a claim after the deadline of December 1, 2008 have no Administrative Review or Appeal rights.

Automation Impact

None

Forms Impact

The following forms have been created specifically for Retro Team case processing use:

Attachment	Title and Form Number	
А	Denial, Claim Received after Deadline (CMS-39LDD)	
В	Denial, Claim Received after Deadline (CMS-39LDD (SP))	

Quality Assurance Impact

None. All eligibility determinations will be reviewed by the CMS Retro Program Specialist prior to IDX notification.

Manager Approval

Jaye Yoshonis, Assistant Deputy Director

Self Sufficiency Programs

Strategic Planning & Operational Support Division

SB



COUNTY MEDICAL SERVICES

NOTICE OF ACTION

Date:	Case/List ID # :
	CMS Representative:
То	Phone:
	Address: P.O. Box 85524 San Diego, CA 92186
our CMS Class Action Claim for past CMS co	overage dated// has been denied because:
our County Medical Services (CMS) Classeadline.	s Action Lawsuit claim form was not received by the designate
The deadline for submitting the CMS Class llowed a grace period for submitting the CMS pecember 1, 2008. Your claim was received a	Action Lawsuit claim form was November 15, 2008. The Count S Class Action Lawsuit claim form and accepted claim forms throug after December 1, 2008.
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(Attachment A)



COUNTY MEDICAL SERVICES NOTICIA DE ACCION

Fecha:	Número de Caso/Lista:	
	Representante de CMS:	
Para:	Teléfono:	
	Ubicación: Retro Team/M.S. 0557-A	
	Dirección: P.O, Box 85524 San Diego, CA 92186	
Su Reclamo para la Demanda Colectiva para o negado por lo siguiente :	cobertura retroactiva de CMS con fecha de// se ha	
Su forma de Reclamo para la Demanda Colectiv fecha límite designado.	a de County Medical Services (CMS) no fue recibida antes de la	
La fecha límite para entregar su Reclamo para la Demanda Colectiva de CMS fue el 15 de noviembre del 2008. El Condado permitió un período de gracia para entregar las formas de Reclamo para la Demanda Colectiva de CMS y continuó aceptando formas de reclamo hasta el día primero de diciembre del 2008. Su reclamo se recibió después del primero de diciembre del 2008.		
Reglamentos de CMS: Corte Superior de California, Condado de San Diego No. GIC841583		